

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF IOWA

Plaintiff

v

JUDGMENT IN A CIVIL CASE

CASE NUMBER:

Defendant

JURY VERDICT . This action came before the Court for trial by jury. The issues have been tried and the jury has rendered its verdict.

DECISION BY COURT. This action came before the Court. The issues have been considered and a decision has been rendered.

IT IS ORDERED AND ADJUDGED:

Date:

CLERK, U.S. DISTRICT COURT

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By: Deputy Clerk

**IMPORTANT NOTICE REGARDING APPEALS**  
**PLEASE READ CAREFULLY BEFORE YOU FILE A NOTICE OF APPEAL.**

A prisoner seeking to appeal a judgment of the district court must file a notice of appeal in the district court. **Upon filing a notice of appeal in district court, a prisoner is responsible for payment of the full \$455 appellate filing fee regardless of the outcome of the appeal. 28 U.S.C. § 1915.**

A prisoner must pay the appellate filing fee in one of two ways:

(1) Immediate payment of the full filing and docketing fees for the appeal. Submit a money order, check, or cash in the amount of \$455 to the district court (checks and money orders should be made payable to: "Clerk of the United States District Court"),

**OR**

(2) Submit to the district court clerk a motion for leave to proceed in forma pauperis on appeal. If the motion is granted, an initial partial payment will be deducted from the prisoner's funds with the remainder of the fees paid on an installment basis. A notice of appeal serves as consent to deduct the initial partial appellate filing fee and the remaining installments from the prisoner's institutional account by prison officials. The directions and forms for filing an application to proceed in forma pauperis on appeal are attached to this notice.

If the court determines that the prisoner has no assets and no means by which to pay the initial partial filing fee, the prisoner will still be liable for the entire \$455, but the case will be allowed to proceed without any initial payment. When funds become available in the prisoner's account, the prisoner will begin paying the full \$455 on the installment plan.

### **Proceeding In Forma Pauperis on Appeal**

If you wish to proceed in forma pauperis on appeal, you must submit all of the following to the district court clerk:

- (1) a motion for leave to proceed in forma pauperis on appeal,
- (2) a financial affidavit, and
- (3) within 30 days of filing the notice of appeal, a certified copy of your prison account statement for the last six months.

**Even if you were granted in forma pauperis status when you filed your complaint in this case, you must provide updated in forma pauperis information. Failure to file the prison account information will result in the assessment of an initial partial appellate fee of \$35 or some other reasonable amount based on whatever information about your finances the court has.**

Once the district court clerk's office receives all of the above documents, it will determine whether you may proceed in forma pauperis on appeal and whether to certify to the Eighth Circuit that the appeal is not taken in good faith. See 28 U.S.C. § 1915(a)(3) and Federal Rule of Appellate Procedure 24(a)

If you are permitted to proceed in forma pauperis, the court will calculate the initial partial payment which is an amount equal to 20% of the greater of:

- (1) the average of the monthly deposits into your trust account during the last 6 months, or
- (2) the average of the monthly balance of your trust account during the last 6 months.

You and the appropriate prison official will receive an order assessing your initial partial payment. **You are responsible for paying the balance of the \$455 fee in monthly installments.** For example, if the court assesses an initial partial payment of \$25, you must pay the remaining \$230 in monthly installments, **REGARDLESS OF THE OUTCOME OF YOUR APPEAL.** Each monthly installment will be equal to 20% of the preceding month's income credited to your account. Prison officials will deduct these amounts and send them to the district court.

If the district court rules that your appeal is not taken in good faith, it will deny you the right to proceed on appeal in forma pauperis and certify to the Court of Appeals for the Eighth Circuit that the appeal is not taken in good faith. If you still wish to pursue the appeal in forma pauperis, you must file a motion to proceed in forma pauperis with the Eighth Circuit under Fed. R. App. P. 24(a). Upon filing a Rule 24(a) motion, you immediately will be responsible for paying the appellate fee either on the installment plan, or all at once if you have three dismissals under § 1915(g).

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**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF IOWA  
CENTRAL DIVISION**

**NOTICE OF APPEAL**

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
District Court Docket Number

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
District Court Judge

Notice is hereby given that \_\_\_\_\_ appeals to the United States Court of Appeals for the Eighth Circuit from the ☐ Judgment ☐ Order entered in this action on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Appellant/Cnsl

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Typed/printed Name

\_\_\_\_\_  
Telephone Number

**Transcript Order Form:** ( To be completed by attorney for appellant )

Please prepare a transcript of: \_\_\_\_\_  
(Specify)

I am not ordering a transcript because: \_\_\_\_\_  
(Specify)

**CERTIFICATE OF COMPLIANCE**

Appellant hereby certifies that copies of this notice of appeal/transcript order form have been filed/served upon the US District Court, court reporter, and all counsel of record and that satisfactory arrangement for payment of cost of transcripts ordered have been made with the court reporter (FRAP 10(b))

Attorney's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: COMPLETE APPROPRIATE APPEAL SUPPLEMENT FORM**

AO 240 (Rev. 10/03)

## UNITED STATES DISTRICT COURT

District of \_\_\_\_\_

Plaintiff

V.

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

Defendant

CASE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ declare that I am the (check appropriate box)

☐ petitioner/plaintiff/movant ☐ other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☐ No (If "No," go to Part 2)

If "Yes," state the place of your incarceration \_\_\_\_\_

Are you employed at the institution? \_\_\_\_\_ Do you receive any payment from the institution? \_\_\_\_\_

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? ☐ Yes ☐ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Rent payments, interest or dividends           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Disability or workers compensation payments    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Any other sources                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

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4. Do you have any cash or checking or savings accounts? ☐ Yes ☐ No

If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? ☐ Yes ☐ No

If "Yes," describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

I declare under penalty of perjury that the above information is true and correct.

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Date

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Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

FORM C

CERTIFICATE OF INMATE ACCOUNT AND ASSETS

I certify that the applicant, \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at the \_\_\_\_\_ institution where he/she is confined. I further certify that the applicant likewise has the following securities to his/her credit according to the records of said institution:

\_\_\_\_\_

\_\_\_\_\_

I further certify that, during the last six months, (a) the applicant's average inmate account balance was \$ \_\_\_\_\_, and (b) the average of the monthly deposits to the inmate account was \$ \_\_\_\_\_.

Based on the above inmate account information, I calculate that 20% of the greater of (a) or (b) above is \$ \_\_\_\_\_.

Attached is a certified copy of the trust fund account statement for the applicant for the last six months.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Authorized Officer of Institution